

**APPLICATION TO MAINTAIN CERTIFICATION
FOR ASSISTANT ELECTION ADMINISTRATORS**

Name _____ Title _____

County _____ E-Mail Address _____

Due Date: **January 1, 2007**

Please list course titles and hours sponsored by the following:

1. **Washington Association of County Auditors** (If you attended the Annual Election Administrators Conference include the hours here.)

Hours Title

_____	_____
_____	_____
_____	_____

2. **Office of the Secretary of State**

Hours Title

_____	_____
_____	_____
_____	_____

3. **The Elections Center**

Hours Title

_____	_____
_____	_____
_____	_____

4. **Visiting other county election departments for training and/or orientation purposes** (maximum 2 hours)

Hours County

_____	_____
_____	_____
_____	_____

5. **The Election Assistance Commission**

Hours Title

_____	_____
_____	_____
_____	_____

6. **Other national associations related to elections or government administration, approved by the Election Administration and Certification Board**

Hours Title

_____	_____
_____	_____
_____	_____

7. **Other conferences or courses approved by the Election Administration and Certification Board**

Hours Sponsor and Title

_____	_____
_____	_____
_____	_____

_____ **TOTAL NUMBER HOURS (minimum of 6 hours)**

Signature of County Auditor or Other Approving County Authority *attesting to the accuracy of the information on this form.*

_____ Date: _____
Signature

_____ Printed Name _____ Title

Send this completed form to:

Tracy Buckles, Elections Specialist
Office of the Secretary of State
Elections Certification and Training Program
P.O. Box 40232
Olympia, WA 98504-0232